

Ref	Benefit	Type	Outcome	Events / Capabilities	Status	Department	Functional Area	Current baseline	Target Baseline	Time frame	Resp
1	Support State requirements for Unique Area Identifier. Increased access to other hospital patient activity	Strategic Benefit	Ability to link into State UPI	PAS Implemented and linked with State UPI	Awaiting assessment	IS	Core				Aisha Kattar / Joanne Hopwood
2	Increased staff capability.	Capability	Trained staff.	Windows and PM training	Achieved	Hospital-wide	Hospital-wide	No. requesting windows training	All staff competent	Jul-04	Chris Edwards
3	Improved quality of data entered in the system.	Strategic Benefit	Quality data.	Implementation of new system and business rules and validation processes.	Awaiting measurement	Hospital-wide	PM/Scheduling/Medical Records	See performance monitor	See performance monitor	See performance monitor	Cheryl Thomas/Jenny Law/Aisha Kattar/
4	Improved management of the waitlist	Strategic Benefit	Less WLCOS errors	New Report to audit new and updated bookings	Achieved	Inpatient bookings	PM	See performance monitor	See performance monitor	See performance monitor	Cheryl Thomas
6	Reduced risk of duplicate inpatient encounters.	Operational Benefit	No duplicate inpatient encounters.	Implementation of rules to prevent duplicate inpatient encounters.	Achieved		PM				Cheryl Thomas
7	Improved patient identification	Operational Benefit	Implementation of printed patient label for id bracelets	Printing patient label for id bracelets	Achieved		PM				Linda Justin
8	Increased access to patient information	Operational Benefit	History no longer abbreviated and difficult to read	Encounter Location History Viewer separates types of histories, making accessing the information easier, eg financial history, location history	Achieved		PM				Cheryl Thomas
10	Improved bed utilisation	Strategic Benefit	Full access to all patient related data. Increased awareness of patients exceeding average LOS may lead to review of pt. treatment plans. Possible decrease in LOS in future, better discharge planning.	On-line alerts for Bed Management when LOS exceeds state average. On-line view of LOS by patient, able to manage real-time.	Awaiting measurement	Bed Management	PM				Paul Crowe
11	Improved communication about bed status	Operational Benefit	Realtime discharges, transfers, leave, patient demographic changes. Dynamic bedboard, able to plan bed management through pending discharge and booked admission information. Can open/close beds on-line. Decreased time spent ringing wards by Bed Manager. Decreased time physically looking for beds.	Realtime Inpatient Information, bed management tool, dynamic bed board. PM becomes the driver of patient care.	Awaiting measurement	Bed Management	PM	Opportunity for improvement in phase 2.			Bronwyn Exley
12	Reduced risk of cross infection	Operational Benefit	Efficient bed management.	Direct access to manage patient transfers and discharges, and plan for isolation requirements	Awaiting measurement	Nursing	PM	Opportunity for improvement in phase 2.			Bronwyn Exley
13	Improved bed planning and utilisation	Strategic Benefit	Efficient bed management.	Timely Expected Admissions report/worklist and Pending discharge allows for better bed management and planning	Awaiting measurement	Nursing	PM				Paul Crowe
15	Improved communication between patients and clinical services	Operational Benefit	Enhance patient care and reduce time taken to manage patient's condition	Notification to CNCs of patients known to them	Awaiting plan	Nursing	PM				Bronwyn Exley
17	Improved access to online patient information regarding diets and allergies.	Capability	CBord interfaced with PM. Less data entry required and risk of error.	Real-time interface between PM and CBORD, benefit is Dietetics receive diet as they are entered. Opportunity to enter food allergies.	Achieved	Dietetics	Interface				Jane Marriot
18	Eliminate need for report and workstation.	Capability	Realtime patient/diet data in PM	Updated patient/diet report now redundant	Achieved	Dietetics	PM				Jane Marriot
19	Improved communication between Dietetics and clinics	Capability	Access to view metabolic and feeding clinics through Powerchart	Real-time, on-line access to clinics by Dietetics department.	Achieved	Dietetics	PM				Jane Marriot
20	Reduced food costs.	Operational Benefit	Real-time discharge information, less food wastage	Reduced likelihood of meals being sent for discharged patients.	Awaiting measurement	Dietetics	PM				Jane Marriot
21	Improved efficiency in Dietetics department in delivering required meals.	Capability	Ability to enter 6 diets in PM, previously only 4 available in Hospas	Increased likelihood of patient being given correct menu options.Reduction in calls to Dietetics to notify extra diets. Better quality data, prevents nurse on next shift modifying diets to include others.	Achieved	Dietetics	PM				Jane Marriot

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22	Greater reporting facilities	Operational Benefit	Reporting is more flexible; department can create their own ad-hoc reports. Now viewed on line, reduction in time and paper. Information readily available. Ward clerks no longer need to await a report. More capacity to develop and customise. Options for user to select before producing.	Time to manually perform task compared with electronic task	Awaiting measurement	Hospital-wide	PM	Not there yet! More work in phase 2			All
23	Improved information for billing.	Operational Benefit	Greater access to view patient demographic and financial information, particularly overseas addresses. More reporting capacity, eg, Medicare reciprocal report. View on-line worklists, eg accomodation mismatch, ie, where private patients are not making a private health fund claim. Financial information printed rather than hand written on Front Sheet and Medicare Form, reducing likelihood of error.	Availability of on-line information regarding health insurance details and financial categories. Improved access to financial classification for all departments Full overseas address not entered in PMI/Ats. No on-line reporting. Hand written financial information on front sheet. No NPR interface.	Achieved	Finance	PM				Rosemary Chung?
24	Improved utilisation of private rooms	Capability	Earliest possible allocation of single room if required.	Possible increase in revenue from improved management of privately insured patients across the AHS, due to the utilisation of single	Achieved	Bed Management/Finance	PM				Rosemary Chung?
25	Reduced duplicate data entry	Operational Benefit	Outpatient financial data interfaced with Hosbil, reduces double data entry and likelihood of error. Interface updates demographic details and reduces errors when addresses have changed		Awaiting plan	Finance	Interface				
26	Improved accuracy of information	Capability	Better quality for scanning, less likelihood of error as printed directly from the system	Simplified billing form printed rather than hand written	Achieved	Finance	PM				Rosemary Chung?
27	Eliminate errors from manual process	Capability	Patient only required to sign, less likelihood of error and less time consuming	Financial election form printed from PM	Achieved	Finance	PM				Martyne Rowland
	Reduce manual process and increase efficiency in sending CAFAT invoices	Operational Benefit	Reduce time taken for the Credit team to manually alter invoices before they are sent out.	correct address format will be automatically placed on Cafat invoices.	Achieved	Finance					
	Documented procedures for billing extract										
28	Increased security of data stored on system	Operational Benefit	All users accessing the system will be required to have an individual logon. Access to PAS/UIP functions will only be available after users have undergone training. All users accessing CHW network are required to agree to the conditions set by Department of Health to use the information from our network in a responsible, ethical and legal manner. The security access to PM provided to individual users will reflect the role and responsibility of their functional role.	Generic logons used. Unable to audit user error. Can track transactions by user. Can detect source of errors and inappropriate use of the system.	Achieved	IS	Core				PM Group
29	Maintain technical currency	Operational Benefit	Contract with Cerner for ongoing support and development. Upgraded interfaces to e-gate as the standard integration engine and HL7 as the standard for interfaces. Qualified resource for HL7 programming for ongoing maintenance and development of future interfaces.	Old technology not supported post 2006	Achieved	IS	Core				PM Group
30	Enable CHW to move towards the implementation of the electronic health record. Better clinical decision making	Strategic Benefit	Improved use of technology to deliver integrated patient information	Episode history Access to coding information Access to alerts	Achieved	IS	PM				PowerChart Management Group / Jodie Schuster
31	Improved access to whole of patient record.	Strategic Benefit	Clinicians have access to scheduling and PM data.		Achieved	IS	PM				PowerChart Management Group / Jodie Schuster

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32	Enhance feed to departmental databases		More databases connected to PM. Data updated at one source.		Awaiting measurement	IS	EMPI				
33	Save on cost of fixing duplicates	Capability	Reduced number of duplicates. Improved and consistent patient searching & registration methods A reduction of Duplicate MRN's. EMPI searching tool reduces likelihood of double registrations. Increase in service delivery due to improvement in the ability to find the existing medical record number and associated medical history.	Improve search with nickname pools and NYSIIS search capabilities. Reduction in patient duplicates	Achieved	Admin	Medical Records	See performance monitor			Aisha Kattar
35	Time saved through introduction of report.	Capability	MRD no longer need to enter details of every new MRN allocated into an Excel spreadsheet	Reporting now available to identify all new MRNs	Achieved	MRD	Medical Records				Aisha Kattar
36	Time saved through more efficient tracking tool.	Capability	Efficient use of staff time.	Reduction in time locating records	Achieved	Tracking	Medical Records				Aisha Kattar
37	More efficient system for users	Operational Benefit	More efficient access to core business functions. Eliminate to login to NPR, Hospas, Powerchart, Tracking, etc	Reduced number of logins	Awaiting measurement	Tracking	Medical Records				Aisha Kattar
38	Improved record tracking	Capability	View all records tracked to a specific location. Able to audit outstanding records.	Efficient identification of records tracked to a clinic	Achieved	Tracking	Medical Records				Aisha Kattar
39	Improved record tracking	Capability	Reduce time a record is out of the department. Report available to track overdue records.		Achieved	Tracking	Medical Records				Aisha Kattar
40	When tracking, notification is received if a request exists for that record. Reduced time in file handling	Capability	Integrated record tracking and requisition.		Awaiting plan	Tracking	Medical Records	Phase 2			Aisha Kattar
41	More efficient system for users	Capability	Time saving and reduced likelihood of locating the wrong patient. Coding tool interfaces with Powerchart, person located once for both functions.		Achieved	Coding	Medical Records				Aisha Kattar
43	More efficient system for users	Capability	PM list includes location of record, reduction in time identifying location prior to pulling clinic list. Reduction in time spent making clinic pull lists		Achieved	MRD	Medical Records				Aisha Kattar
44	Improved access to information for clinical and administrative staff	Operational Benefit	Availability of on-line history of patient activity. Decreased number of requests for information from medical records. On-line information for patient management across boundaries.	On line information available at a greater number of locations. Imore information available.	Achieved	MRD	PM				PM Group
46	Improving information flow for deceased patients	Operational Benefit	Once recorded as deceased, patient ceases to age. Able to record deceased on discharge, or if notified if the patient is not a current inpatient. Users are warned if an attempt is made to create an encounter for a deceased patient.	No dedicated field in PMI to record deceased patients	Achieved	MRD	PM				Aisha Kattar
47	More efficient system for medical records staff	Capability	Reduced administrative overheads. Automatic allocation of MRNs. Reduced work practices in creating MRN folders and providing folders to	Automatic allocation of MRNs	Achieved	MRD	Medical Records				Aisha Kattar
48	Reduction in time and paper usage.	Capability	MRD will send a laminated form with clinician name with each bundle for each clinic. Clinic lists won't be printed. OPD will access the clinic list through Explorer Menu tool in PM	Reduction in paper usage	Achieved	MRD	Medical Records				Aisha Kattar

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49	Improved communication about patient schedules	Capability	Reduced time taken for enquiry desk staff to access appointment information. Can be viewed by departments who require access, eg switchboard staff, clinical staff through Powerchart. Reduced number of calls to OPD, simple enquires will be dealt with by switchboard staff. Improved access to scheduling function Better patient management and direction for appointments, clinic templates centrally managed by supervisors in OPD. Better understanding of utilisation of non admitted services	Use of integrated scheduling application across the organisation, standardised procedure for making a booking. Reduction in calls between departments. Use of integrated scheduling application across the organisation	Achieved	OPD	Scheduling	After hours patient enquiries 3/8/04 10; 4/8/04 4; 5/8/04 9; 6/8/04 2; 7/8/04 16; 8/8/04 12; 9/8/04 2; 10/8/04 9			Jenny Law
50	Reduction in calls to OPD for appointment enquiries	Operational Benefit	No. of calls to OPD for appointment enquiries post go-live, number now dealt with by Switchboard	Switch had calls re outpt apts after hours, unable to let pts know, problem especially when pt was a long distance pt and apt was the next day	Achieved	OPD	Scheduling				Jenny Law
51	Improved information about scheduling	Capability	Less time consuming report preparation.	Provision for trend analysis of: attendances, no shows, cancellations	Awaiting measurement	OPD	Scheduling	Not there yet.			Jenny Law
53	Improved data accuracy for test results	Operational Benefit	NPR - MRN only allocated after patient attendance at OPD clinic. Now if tests are ordered prior to the clinic, correct MRN used, temp MRN not allocated by Pathnet/Radnet, reducing need to combine records.	MRN allocated for new patients when appointment made.	Achieved	OPD	Scheduling				Jenny Law
54	Improved reporting capability	Operational Benefit	Can differentiate the use of OPD resources between Inpatients and Outpatients	Ability to identify Inpatient activity in Outpatient departments	Achieved	OPD	Scheduling				Jenny Law
55	Reduced waiting time for patients in outpatients	Operational Benefit	Improved Management of Outpatient Clinics. Increased information available for planning	Waiting List for Outpatients. Improved outpatient waiting list reporting including waiting times by patient, by clinic, by medical officer etc	Awaiting plan	OPD	Scheduling				Jenny Law
56	Easier to use system through standard look and feel	Operational Benefit	Now a consistent mechanism for making a clinic booking. Management of clinics now centralised	Standardised procedure for making a booking. Clinic templates centrally managed by supervisors in OPD.	Achieved	OPD	Scheduling				Jenny Law
	Reduce cost of supporting systems.	Capability	Decommissioning of NPR		Achieved	OPD	Scheduling				Jenny Law
57	Increased access to patient information	Strategic Benefit	Clinicians now have access to clinic bookings and waitlist through Powerchart		Achieved	IS	Scheduling/PM				Jenny Law
58	Online clinic appointments can be made out of hours and by ward staff within hours. Access to Outpatient bookings on patient discharge will improve patient care.	Operational Benefit	Patients can be discharged with an OPD appointment without having to call OPD for an appointment		Awaiting plan		Scheduling	Phase 2			Jenny Law
60	Improved integration between systems	Operational Benefit	Stocca interfaced with PM, receiving doctor and financial class information. Report from MSAU not required. Stocca Interface Doctor details were not coming over in the interface. Had to be manually entered. Outpatient registrations not coming over. Overseas patiets were identified by a separate report from MSAU, potential for lost revenue Opportunity to include allergies.		Achieved	Pharmacy	Interface				PM Group
61	Improved patient care	Strategic Benefit	Access to full patient history. Infection control staff enter relevant information which is viewed either by patient or encounter. Access to clinical, social and administrative alerts for clinical and administrative staff. Social alerts available through Patient Locator for Equiries and Switch staff.		Awaiting plan		PM				Peter Feeney

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62	Improved access to patient information	Operational Benefit	Integrated and real time view of all patient events. Reduction in stand alone databases used within departments. Access to outpatient information and future appointments without logging onto separate system. Improved service delivery for medical officers, for example reduction in time taken to capture details pertaining to patient history for pre admission visit.	Implementation of an integrated PAS and Scheduling. HOSPAS retired. Display of all patient events including inpatients, outpatients, future bookings and appointments. Reduced clinical time to access patient information.	Achieved		PM				PM group
64	Improved patient relationship information	Operational Benefit	Now 5 tabs in the Admission conversation to record parent/guardian/carer information: NOK, NOK2, emerg, carer, mailing. PM is a 'person' not just a patient database. Details of parents/guardians/carers stored for multiple use.		Achieved		PM				PM Group
65	Improved operational procedures	Operational Benefit	On-line worklists reduce the need for many reports. Extra functionality, eg birthday list for all inpatients; diets, inpatients by ward, change of name to alert Medical Record Department.		Achieved		PM				PM Group
66	Greater access to doctor information		5 Attending doctors, GP and Paediatrician. The GP is selected from a table which will be maintained		Awaiting measurement		PM				?
66	Reduced clerical time	Operational Benefit	Theatre clerk now has tools to find patients independently. Reduction in time and phone calls for theatre clerk to locate inpatients, outpatients and waitlist bookings		Achieved	OPD	PM/Scheduling	\$160 K per month	\$240K per month	6 months	PM Group
68	Saving on staff time	Capability	More efficient and less time consuming reporting of NAPOOS to DOH from Scheduling Appointment Book	Reduced effort for DOHRS reporting	Awaiting measurement	MSAU		Not there yet.			Lee Jefferies/Christine Fan?
69	Eliminated a report	Capability	Switchboard access real time data through Powerchart	Time, effort and paper saving	Achieved						PM Group
68	Increased revenue for Out Patient Billing. Many charges are not being made due to process problems with referral details. This initiative maps to outcome 16 in the results chain			Implement process change in OPD for gathering referral details. Implement batch interface for HIC	Awaiting assessment						
67	Eliminate errors from admitting children with an emergency specialty	Capability	Safer hospital. Children with an emergency specialty as in patient experience delays in receiving care from the correct medical team. This process presents this	Rules have been implemented in the system to prevent an In Patient have an emergency specialty	Achieved	Admin	PM				PM Group
68	Increased memory on node 'millie'	Achieved	The difference in application processing time is significant and is directly assisting productivity in testing & new business development.	Training will be more streamlined with reduced frustration for all concerned.	Achieved	Hospital-wide	PM/Scheduling				
68	Reduction in number of HIE validation messages related to incorrect addresses	Operational Benefit			Awaiting measurement	Hospital-wide	PM				
69	Reduction in time and effort to produce list of inpatients details, locations and phone extensions	Operational Benefit	Report designed to print all inpatients by ward with locations, name and phone extensions		Achieved	Admin	PM				
70	QAS (Quick Address System) in PM conversations	Operational Benefit	Reduction in patient address errors in PM/Powerchart. Less errors in HIE		Awaiting plan	Admin	PM				
71	Pending Discharge process	Operational Benefit	Better bed management planning through identifying date/time pt is scheduled to be discharged. In line with hospital policy that every inpt has a pending discharge date within 24 hrs of admission.		Awaiting measurement	Bed Management	PM				
72	Bear Permit	Operational Benefit	Treatment summary available if 'frequent flyer' presents to Emergency.	An alert is sent from Powerchart to Health-e-Care to alert medical team familiar with the family	Awaiting measurement	Patient care	Powerchart				